| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000                  |   |   |              |                               |                     |                  |          | 0                 | 09780564/003300-74     |              |                     |                        |  |
|--|---|---|--------------|-------------------------------|---------------------|------------------|----------|-------------------|------------------------|--------------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |   |   |              |                               |                     |                  |          | SMALL ENTITY TYPE |                        |              | OTHER THAN          |                        |  |
| TOTAL CLAIMS   |   |   | 20           |                               |                     |                  | Г        | RATE              | FEE                    |              | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED |                               | NUMBER EXTRA        |                  | ВА       | SIC FEE           | 355.00                 | OR           | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 20 minus 20= |                               | • 4                 |                  |          | X\$ 9=            | _                      | OR           | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | 2 minus 3 =  |                               | B                   |                  |          | X40=              |                        | OR           | X80=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |              |                               |                     |                  |          | -135=             |                        |              | . 270-              |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |   |   |              |                               |                     |                  |          | OTAL              | 313                    | OR<br>OR     | +270=<br>TOTAL      | 710                    |  |
| CLAIMS AS AMENDED - PART II OTHER THAN   |   |   |              |                               |                     |                  |          |                   |                        |              |                     |                        |  |
| (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY                        |   |   |              |                               |                     |                  |          |                   |                        |              | NTITY               |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE | /            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | · 20                                      | Minus        | - 8                           | 70                  | =                | ,        | <b>K\$</b> 9=     |                        | OR           | X\$18=              |                        |  |
|  | Independent   | • J                                       | Minus        | DENIDENT                      | 3-                  | = /              |          | X40=              |                        | OR           | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |   |              |                               |                     |                  |          | 135=              | 7                      | OR           | +270=               |                        |  |
| •  |   |   |              |                               |                     |                  |          | TOTAL<br>DIT. FEE |                        | OR           | TOTAL<br>ADDIT, FEE |                        |  |
|  |   | (Column 1)                                |              | (Colu                         | nn 2)               | (Column 3)       | 70       | JII. FEE          | <del></del>            |              | ADDIT. FEET         |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              |                               |                     | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | · LAMA                                    | Minus        | **                            | ,                   | <b>-</b> ·       | :        | <b>K\$</b> 9=     | :                      | OR           | X\$18=              |                        |  |
|  | Independent   | .9"                                       | Minus        | •••                           |                     | #                |          | X40=              |                        | OR           | X80=                |                        |  |
| L  | FIRST PRESE   | NTATION OF M                              | IULTIPLE DE  | PENDENT                       | CLAIM               |                  |          | 135=              |                        | OR           | +270=               |                        |  |
|  |   |   |              | •                             | •                   |                  | <u> </u> | TOTAL             | _                      | OR           | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                               |                     |                  |          | DIT. FEE          | <u> </u>               | <b>J</b> O., | ADDIT. FEE          |                        |  |
| AMENDMENT C  |   | CLAIMS                                    |              | HIGH                          | IEST                |                  |          |                   | ADDI-                  | ì            |                     | ADDI-                  |  |
|  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                         | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | F        | RATE              | TIONAL                 |              | STATE               | TIONAL<br>FEE          |  |
|  | Total   | •   | Minus        | ••                            |                     | 3                | ,        | (\$ 9=            |                        | OR           | X\$18=              | ;                      |  |
|  | Independent   | •   | Minus        | ***                           |                     | =                | l ⊩      | (40=              |                        |              | X80=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |                     |                  |          |                   |                        | OR           |                     |                        |  |
| " If the centry in column 1 is less than the entry in column 2 write "If in column 3 |   |   |              |                               |                     |                  |          |                   |                        | OR           | +270=               |                        |  |
|  | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                     |                  |          |                   |                        |              |                     |                        |  |

FORM PTO-875 (Rev. 8/00)

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